

Increasing Rural Health Access During the COVID-19 Public Health Emergency Act

Bill summary:

The bill would create a pilot grant program within HRSA to facilitate the use of remote patient monitoring technology in rural areas during the COVID-19 crisis. The bill aims to increase telehealth access for rural America at a time when patients are encouraged to seek care remotely.

- Entities eligible for grants must:
 - Be located in a rural area;
 - Use remote patient monitoring technology that is an FDA-cleared, and cellular-enabled to operate at lower frequency levels to facilitate adoption in rural areas without broadband access.
- Grantees may use federal funds for salaries, equipment, and operating or other costs, including the cost of—
 - developing and delivering remote patient monitoring services that enhance access to community-based health care services in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations;
 - developing and acquiring, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other equipment that furthers the objectives of the telehealth network grant program;
 - Providing for transmission of medical data, and maintenance of equipment.
- The bill authorizes \$50 million to be used during the period beginning on January 1, 2020 and ending January 1, 2022 in response to the COVID-19 public health emergency.

What is Remote Monitoring?

Remote patient monitoring (RPM), uses connected digital technologies and mobile medical devices to collect patient-generated health data from individuals in one location and electronically transmit that information securely to a care team in a different location for assessment and intervention. This type of service allows for ongoing monitoring and management of chronic and acute conditions.

To capture data, RPM can employ a host of wired or wireless peripheral measurement devices such as blood pressure cuffs, glucometers, scales, implantables, biosensors, and pulse oximetry, as well as sensors that collect data passively (e.g., beacons in a home that can transmit data on movement and specific activity/inactivity). Some RPM may also allow for real-time video interactions between the patient and provider.

RPM allows our health system to meet people where they are, beginning by empowering them to self-manage at home, and then use physicians, to treat those who need it.

Remote Monitoring for Acute and Chronic Conditions:

Remote monitoring can be used to manage chronic conditions including diabetes, prediabetes, hypertension, asthma and behavioral health. This is significant as more than 147 million

Americans live with chronic conditions. According to a 2017 RAND Corporation Study, 90 percent of US healthcare expenses are on chronic conditions, including \$327 billion on diabetes and \$131 billion for the treatment of hypertension.

Furthermore, in the Interim Final Rule from CMS issued in late March, CMS clarified that remote monitoring can be used for both treatment and management of chronic conditions. Therefore, remote monitoring can now be leveraged in Medicare FFS to treat acute conditions, including COVID-19.

Remote Monitoring for Rural Areas:

During the COVID-19 pandemic, people with chronic conditions shouldn't be forced to go to an ER or the Doctor's office unless there are serious complications. Our health system must meet people where they are, beginning by empowering them to self-manage at home. Remote patient monitoring keeps vulnerable populations safe, not just from the virus, but by providing personalized, constant attention to ensure they get the care they need to effectively manage their chronic conditions.

Additionally, remote monitoring technology can operate at low frequencies such as on 2G cellular connectivity. This provides rural Americans without broadband the opportunity to increased health care access.

Provider shortages, expected to be exacerbated by COVID-19, especially for those specialists that care for Americans living with chronic conditions, such as endocrinologists, is painfully evident in rural America. Individuals living with diabetes often to wait three-to-six months to see an endocrinologist. We must be doing more to facilitate ongoing management of these complex and costly chronic conditions as well as empower both the individual and their provider to make those visits as valuable as possible through data availability.